

114TH CONGRESS  
1ST SESSION

# H. R. 3719

To provide for the comprehensive approach to eradication of the heroin epidemic, to develop the best practices in law enforcement and prescription medication prescribing practices, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 8, 2015

Mr. GUINTA (for himself and Ms. KUSTER) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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# A BILL

To provide for the comprehensive approach to eradication of the heroin epidemic, to develop the best practices in law enforcement and prescription medication prescribing practices, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Stop the Overdose  
5       Problem Already Becoming a Universal Substance Epi-  
6       demic Act of 2015” or the “STOP ABUSE Act of 2015”.

1   **SEC. 2. FINDINGS.**

2       Congress finds the following:

3           (1) Prevention and intervention are the best in-  
4           vestment.

5           (2) According to the 2012 National Survey on  
6           Drug Usage and Health, the percent of New Hamp-  
7           shire residents 12 and older reporting ever having  
8           used heroin has doubled since 2004, 1.2 percent in  
9           2005 and 3.3 percent in 2011.

10          (3) The number of patients in New Hampshire  
11          admitted to State-funded treatment programs for  
12          heroin reached 1,540 in 2013, a major increase from  
13          the 805 reported in 2004.

14          (4) Prescription opioid users admitted rose  
15          from 213 in 2004 to 1,297 in 2013.

16          (5) Drug poisoning (more commonly called  
17          overdose) is the number one cause of injury-related  
18          death in the United States and deaths involving her-  
19          oin have been on a steady increase in recent years.

20          (6) In 2012, 28 States reported that the death  
21          rate for heroin overdose had doubled from 2010  
22          through 2012.

23          (7) The increase doubled from 1.2 percent to  
24          2.1 percent per 100,000 population, reflecting the  
25          number of deaths having increased from 1,779 to  
26          3,635.

1                         (8) The number of drug-poisoning deaths in  
2                         volving heroin was nearly four times higher for men  
3                         (6,525 deaths) than women (1,732 deaths) in 2013.

4                         (9) The rate of heroin-related overdoses was  
5                         highest among adults aged 25 to 44 from 2000  
6                         through 2013; this is a 2.8-percent increase from  
7                         1.9 to 5.4.

8                         (10) In 2013, the Midwest and Northeast re-  
9                         gions had higher rates (4.3 and 3.9 per 100,000, re-  
10                         spectively). From 2000 through 2013, the age-ad-  
11                         justed rate for heroin-related drug-poisoning deaths  
12                         increased in the Midwest region exponentially (from  
13                         0.4 to 4.3 per 100,000), increased more than 4-fold  
14                         in the Northeast region (from 0.9 to 3.9), increased  
15                         more than 3-fold in the South region (from 0.5 to  
16                         1.7), and doubled in the West region (from 0.9 to  
17                         1.8).

18                         (11) The greatest increase for drug-poisoning  
19                         rates was seen in the Midwest region.

20 **SEC. 3. DEVELOPMENT OF BEST PRACTICES.**

21                         (a) INTERAGENCY TASK FORCE.—Not later than 120  
22                         days after the date of enactment of this Act, the Secretary  
23                         of Health and Human Services (referred to in this section  
24                         as the “Secretary”), in cooperation with the Secretary of  
25                         Veterans Affairs, the Secretary of Defense, the Adminis-

1 trator of the Drug Enforcement Administration, the Sec-  
2 retary of Homeland Security, and the Attorney General  
3 of the United States, shall convene an Interagency Task  
4 Force to Address Opioid Abuse (referred to in this section  
5 as the “Task Force”).

6 (b) MEMBERSHIP.—The Task Force shall—

7 (1) be comprised of two representatives of each  
8 the Department of Health and Human Services, in-  
9 cluding the Centers for Disease Control and Preven-  
10 tion, the Department of Veterans Affairs, the De-  
11 partment of Defense, the Drug Enforcement Admin-  
12 istration, the Office of National Drug Control Pol-  
13 icy, the National Academy of Medicine, the National  
14 Institutes of Health, the Indian Health Service, the  
15 Department of Homeland Security, and the Sub-  
16 stance Abuse and Mental Health Services Adminis-  
17 tration; and

18 (2) include physicians, dentists, non-physician  
19 prescribers, pharmacists, experts in the fields of pain  
20 research and addiction research, and representatives  
21 of the mental health treatment community, the ad-  
22 diction treatment community, and pain advocacy  
23 groups.

24 (c) DUTIES.—

1                             (1) BEST PRACTICES.—Not later than 180 days  
2                             after the date on which the Task Force is convened,  
3                             the Task Force shall—

4                                 (A) develop best practices for pain man-  
5                             agement and prescription medication pre-  
6                             scribing practices, taking into consideration rec-  
7                             ommendations from—

8                                 (i) relevant conferences;  
9                                 (ii) ongoing efforts at the State and  
10                             local levels; and  
11                                 (iii) medical professional organizations  
12                             to develop improved pain management  
13                             strategies;

14                                 (B) solicit and take into consideration pub-  
15                             lic comments on the best practices developed  
16                             under subparagraph (A);

17                                 (C) develop a strategy for disseminating  
18                             information about the best practices under sub-  
19                             paragraph (A) to all medical and emergency  
20                             personnel who enforce, prescribe, and treat  
21                             opioid and heroin addiction; and

22                                 (D) conduct a study on the feasibility of  
23                             implementing the best practices developed  
24                             under subparagraph (A).

1                             (2) REPORT TO CONGRESS.—Not later than  
2                             270 days after the date on which the Task Force is  
3                             convened, the Task Force shall submit to the Con-  
4                             gress a report that includes—

5                                 (A) the strategy under paragraph (1)(C)  
6                             for disseminating the best practices under para-

7                                 graph (1)(A);

8                                 (B) the results of the feasibility study con-  
9                             ducted under paragraph (1)(D); and

10                                 (C) recommendations on how to apply such  
11                             best practices to improve prescribing practices  
12                             at medical facilities, including medical facilities  
13                             of the Veterans Health Administration.

14                             (d) NO RULEMAKING AUTHORITY.—The Task Force  
15                             shall not have rulemaking authority.

16                             **SEC. 4. COMMUNITY-BASED COALITION ENHANCEMENT**  
17                             **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

18                             Title I of the Omnibus Crime Control and Safe  
19                             Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended  
20                             by adding at the end of the following:

21                             **“PART LL—GRANTS TO COMBAT DRUG CRISES**  
22                             **AND INCARCERATION RELATED TO DRUG USE**

23                             **“SEC. 3021. COMMUNITY-BASED COALITION TO ADDRESS**  
24                             **LOCAL DRUG CRISES.**

25                             “(a) DEFINITIONS.—In this section:

1                 “(1) DRUG-FREE COMMUNITIES ACT OF 1997.—

2                 The term ‘Drug-Free Communities Act of 1997’  
3                 means chapter 2 of the National Narcotics Leader-  
4                 ship Act of 1988 (21 U.S.C. 1521 et seq.);

5                 “(2) ELIGIBLE ENTITY.—The term ‘eligible en-  
6                 tity’ means an eligible coalition (as such term is de-  
7                 fined under section 1023 of the Drug-Free Commu-  
8                 nities Act of 1997 (21 U.S.C. 1523)) that—

9                         “(A) on or before the date of submitting  
10                 an application for a grant under this section,  
11                 received a grant under the Drug-Free Commu-  
12                 nities Act of 1997; and

13                         “(B) has demonstrated that there is a local  
14                 drug crisis in the area serviced by the entity, as  
15                 determined by the Attorney General based on  
16                 the Monitoring Future Survey published by the  
17                 National Institute on Drug Abuse and the Na-  
18                 tional Survey on Drug Use and Health by the  
19                 Substance Abuse and Mental Health Service  
20                 Administration.

21                         “(3) LOCAL DRUG CRISIS.—The term ‘local  
22                 drug crisis’ means, with respect to the area serviced  
23                 by an eligible entity—

24                         “(A) a sudden increase in the abuse of  
25                 opioids, as documented by local data; or

1                 “(B) the abuse of prescription medications,  
2                 specifically opioids, that is significantly higher  
3                 than the national average, over a sustained pe-  
4                 riod of time, as documented by local data.

5                 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-  
6 eral, in coordination with the Director of the National In-  
7 stitute on Drug Abuse and the Administrator of the Sub-  
8 stance Abuse and Mental Health Services Administration,  
9 may make grants to eligible entities to implement com-  
10 prehensive, community-wide strategies that address local  
11 drug crises within the area served by the eligible entity.

12                 “(c) APPLICATION.—

13                 “(1) IN GENERAL.—An eligible entity desiring a  
14 grant under this section shall submit an application  
15 to the Attorney General at such time, in such man-  
16 ner, and accompanied by such information as the  
17 Attorney General may require.

18                 “(2) CRITERIA.—As part of an application for  
19 a grant under this section, the Attorney General  
20 shall require an eligible entity to submit a detailed  
21 comprehensive, multi-sector plan for addressing the  
22 local drug crisis within the area served by the eligi-  
23 ble entity.

24                 “(d) USE OF FUNDS.—An eligible entity shall use a  
25 grant received under this section—

1           “(1) for programs designed to implement comprehensive, community-wide prevention strategies to  
2 address the local drug crisis in the area served by  
3 the eligible entity, in accordance with the plan submitted under subsection (c)(2); and

6           “(2) to obtain specialized training and technical assistance from the National Community Antidrug  
7 Coalition Institute.

9           “(e) GRANT AMOUNTS AND DURATION.—

10          “(1) AMOUNTS.—The Attorney General may not award a grant under this section for a fiscal year in an amount that exceeds—

13          “(A) the amount of non-Federal funds raised by the eligible entity, including in-kind contributions, for that fiscal year; or

16          “(B) \$75,000.

17          “(2) DURATION.—The Attorney General may not award a grant under this section for a period exceeding 4 years.

20          “(f) SUPPLEMENT NOT SUPPLANT.—An eligible entity shall use Federal funds received under this section only to supplement funds that would, in the absence of those Federal funds, be made available from other Federal and non-Federal sources for the activities described in this section, and not to supplant those funds.

1        “(g) EVALUATION.—A grant under this section shall  
2 be subject to the same evaluation requirements and proce-  
3 dures as the evaluation requirements and procedures im-  
4 posed on the recipient of a grant under the Drug-Free  
5 Communities Act of 1997.

6        “(h) LIMITATION ON ADMINISTRATIVE EXPENSES.—  
7 Not more than 8 percent of the amounts made available  
8 to carry out this section for a fiscal year may be used  
9 by the Attorney General to pay for administrative ex-  
10 penses.

11       “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
12 authorized to be appropriated to carry out this section  
13 \$5,000,000 for each of fiscal years 2016 through 2020.”.

14 **SEC. 5. LIMITATIONS ON CIVIL LIABILITY FOR CERTAIN IN-**  
15 **DIVIDUALS WORKING AT OPIOID OVERDOSE**  
16 **PROGRAMS.**

17       (a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-  
18 UALS WORKING FOR OR VOLUNTEERING AT A STATE OR  
19 LOCAL AGENCY OPIOID OVERDOSE PROGRAM.—

20              (1) IN GENERAL.—Notwithstanding any other  
21 provision of law, except as provided in paragraph  
22 (2), no individual who provides an opioid overdose  
23 drug shall be liable for harm caused by the emer-  
24 gency administration of an opioid overdose drug by

1 another individual if the individual who provides  
2 such drug—

3 (A) works for or volunteers at an opioid  
4 overdose program; and

5 (B) provides the opioid overdose drug as  
6 part of the opioid overdose program to an indi-  
7 vidual authorized by the program to receive an  
8 opioid overdose drug.

9 (2) EXCEPTION.—Paragraph (1) shall not  
10 apply if the harm was caused by the gross neg-  
11 ligence or reckless misconduct of the individual who  
12 provides the drug.

13 (b) LIMITATION ON CIVIL LIABILITY FOR INDIVID-  
14 UALS WHO ADMINISTER OPIOID OVERDOSE DRUGS.—

15 (1) IN GENERAL.—Notwithstanding any other  
16 provision of law, except as provided in paragraph  
17 (2), no individual shall be liable for harm caused by  
18 the emergency administration of an opioid overdose  
19 drug to an individual who has or reasonably appears  
20 to have suffered an overdose from heroin or another  
21 opioid, if—

22 (A) the individual who administers the  
23 opioid overdose drug—

(i) obtained the drug from a health care professional or as part of an opioid overdose program; or

(B) the individual who administers the opioid overdose drug was educated on—

21 (c) PREEMPTION AND ELECTION OF STATE NON-  
22 APPLICABILITY.—

23                             (1) PREEMPTION.—Except as provided in para-  
24                             graph (2), this section preempts the law of a State  
25                             to the extent that such law is inconsistent with this

1       section, except that this section shall not preempt  
2       any State law that provides additional protection  
3       from liability relating to the administration of opioid  
4       overdose drugs or that shields from liability any per-  
5       son who provides or administers opioid overdose  
6       drugs.

7                     (2) ELECTION OF STATE REGARDING NON-  
8       APPLICABILITY.—Subsections (a) and (b) shall not  
9       apply to any civil action in a State court against a  
10      person who administers opioid overdose drugs if—

11                     (A) all parties to the civil action are citi-  
12       zens of the State in which such action is  
13       brought; and

14                     (B) the State enacts legislation in accord-  
15       ance with State requirements for enacting legis-  
16       lation—

17                         (i) citing the authority of this para-  
18       graph;

19                         (ii) declaring the election of the State  
20       that such subsections (a) and (b) shall not  
21       apply, as of a date certain, to any civil ac-  
22       tions covered by this section; and

23                         (iii) containing no other provisions.

24                     (d) DEFINITIONS.—In this section —

1                   (1) the term “health care professional” means  
2                   a person licensed by a State to prescribe prescription  
3                   drugs;

4                   (2) the term “opioid overdose drug” means a  
5                   drug that, when administered, reverses in whole or  
6                   part the pharmacological effects of an opioid over-  
7                   dose in the human body; and

8                   (3) the term “opioid overdose program” means  
9                   a program operated by a local health department,  
10                  community-based organization, substance abuse  
11                  treatment organization, law enforcement agency, fire  
12                  department, other first responder department, or  
13                  voluntary association or a program funded by a Fed-  
14                  eral, State, or local government that works to pre-  
15                  vent opioid overdoses by in part providing opioid  
16                  overdose drugs and education to individuals at risk  
17                  of experiencing an opioid overdose or to an indi-  
18                  vidual in a position to assist another individual at  
19                  risk of experiencing an opioid overdose.

20 **SEC. 6. OPERATION OF OPIOID TREATMENT PROGRAMS.**

21                  Section 303 of the Controlled Substances Act (21  
22 U.S.C. 823) is amended by adding at the end the fol-  
23 lowing:

24                  “(i)(1) An opioid treatment program that is reg-  
25 istered under this section, and that closes for business on

1 any weekday or weekend day, including a Federal or State  
2 holiday, shall comply with the requirements of this sub-  
3 section.

4 “(2) For each patient who is restricted by a Federal  
5 regulation or guideline or by the determination of the pro-  
6 gram medical director from having a take-home dose of  
7 a controlled substance related to the treatment involved,  
8 the program shall make acceptable arrangements for the  
9 patient to receive a dose of that substance under appro-  
10 priate supervision during the closure.

11 “(3) The Administrator of the Substance Abuse and  
12 Mental Health Services Administration shall issue a notice  
13 that references regulations on acceptable arrangements  
14 under this subsection, or shall promulgate regulations on  
15 such acceptable arrangements.”.

16 **SEC. 7. TREATMENT ALTERNATIVE TO INCARCERATION**  
17 **PROGRAMS.**

18 Part LL of the Omnibus Crime Control and Safe  
19 Streets Act of 1968, as added by section 3, is amended  
20 by adding at the end the following:

21 **“SEC. 3022. TREATMENT ALTERNATIVE TO INCARCERATION**  
22 **PROGRAMS.**

23 “(a) DEFINITION.—In this section:

1           “(1) The term ‘eligible entity’ means a State,  
2       unit of local government, Indian tribe, or nonprofit  
3       organization.

4           “(2) The term ‘eligible participant’ means an  
5       individual who—

6               “(A) comes in contact with the juvenile  
7       justice system or criminal justice system or is  
8       arrested or charged with an offense;

9               “(B) has a history of or a current—

10                 “(i) substance use disorder;

11                 “(ii) mental illness; or

12                 “(iii) co-occurring mental illness and  
13       substance use disorder; and

14               “(C) has been approved for participation in  
15       a program funded under this section by the rel-  
16       evant law enforcement agency, prosecuting at-  
17       torney, defense attorney, probation or correc-  
18       tions official, judge, or representative from the  
19       relevant mental health or substance abuse agen-  
20       cy, as applicable.

21           “(b) PROGRAM AUTHORIZED.—The Attorney General  
22       may make grants to eligible entities to develop, implement,  
23       or expand a treatment alternative to incarceration pro-  
24       grams for eligible participants, including—

1           “(1) programs for use before the filing of criminal  
2         charges against an individual, which shall include—  
3

4           “(A) training for law enforcement officers  
5         on substance use disorders, mental illness, and  
6         co-occurring mental illness and substance use  
7         disorders;

8           “(B) the use of receiving centers as alternatives to incarceration of eligible participants;

9  
10          “(C) the use of specialized response units  
11         for calls related to substance use disorders,  
12         mental illness, and co-occurring mental illness  
13         and substance use disorders; and

14          “(D) other arrest and pre-booking treatment alternative to incarceration models; and

15          “(2) programs for use after the filing of criminal  
16         charges against an individual, which shall include—  
17

18           “(A) specialized clinical case management;

19           “(B) pre-trial services related to substance  
20         use disorders, mental illness, and co-occurring  
21         mental illness and substance use disorders;

22           “(C) prosecutor and defense-based programs;

23           “(D) specialized probation;

1               “(E) programs utilizing the American So-  
2 ciety of Addiction Medicine patient placement  
3 criteria;

4               “(F) treatment and rehabilitation pro-  
5 grams and recovery support services; and

6               “(G) drug courts, DWI courts, and vet-  
7 erns treatment courts.

8               “(c) APPLICATION.—

9               “(1) IN GENERAL.—An eligible entity seeking a  
10 grant under this section shall submit an application  
11 to the Attorney General that meets the criteria in  
12 paragraph (2) at such time, in such manner, and ac-  
13 companied by such additional information as the At-  
14 torney General may reasonably require.

15               “(2) CRITERIA.—An eligible entity, in submit-  
16 ting an application under paragraph (1), shall pro-  
17 vide evidence that the entity, with regard to the al-  
18 ternative to incarceration program for which it seeks  
19 funds under this section—

20               “(A) has collaborated or will collaborate  
21 with the State and local government agencies  
22 overseeing health, community corrections,  
23 courts, prosecution, substance abuse, mental  
24 health, victims services, and employment serv-  
25 ices, and with local law enforcement agencies;

1               “(B) has consulted or will consult with the  
2               State authority for substance abuse;

3               “(C) will use evidence-based screening and  
4               assessment treatment practices;

5               “(D) will use evidence-based screening and  
6               assessment tools to place participants in the  
7               treatment alternative to the incarceration pro-  
8               gram; and

9               “(E) will use evidence-based methodology  
10              and outcome measurements to evaluate the pro-  
11              gram, and provide a description of—

12              “(i) such methodology and measure-  
13              ments, including how such measurements  
14              will provide valid measures of the impact  
15              of the program; and

16              “(ii) how the program could be broad-  
17              ly replicated if demonstrated to be effec-  
18              tive.

19              “(d) REQUIREMENTS.—An eligible entity awarded a  
20              grant for a treatment alternative to incarceration program  
21              under this section shall—

22              “(1) determine the terms and conditions under  
23              which eligible participants may participate in the  
24              program, taking into consideration the collateral

1 consequences of an arrest, prosecution, or criminal  
2 conviction;

3 “(2) ensure that each substance abuse and  
4 mental health treatment component of the program  
5 is licensed and qualified by the relevant jurisdiction;

6 “(3) organize an enforcement unit of the pro-  
7 gram comprised of appropriately trained law en-  
8 forcement professionals who are supervised by the  
9 State, tribal, or local criminal justice agency involved  
10 in the administration of the program, the duties of  
11 which shall include—

12 “(A) the verification of addresses and  
13 other contacts of each eligible participant who  
14 participates or seeks to participate in the pro-  
15 gram; and

16 “(B) if necessary, the location, apprehen-  
17 sion, arrest, and return to court of an eligible  
18 participant in the program who has absconded  
19 from the facility of a treatment provider or has  
20 otherwise violated the terms and conditions of  
21 the program, consistent with Federal and State  
22 confidentiality requirements;

23 “(4) notify the relevant criminal justice entity if  
24 any eligible participant in the program absconds  
25 from the facility of the treatment provider or other-

1 wise violates the terms and conditions of the pro-  
2 gram, consistent with Federal and State confiden-  
3 tiality requirements; and

4 “(5) submit periodic reports on the progress of  
5 treatment or other measured outcomes from partici-  
6 pation in the program of each eligible offender par-  
7 ticipating in the program to the relevant State, trib-  
8 al, or local criminal justice agency, consistent with  
9 Federal and State confidentiality requirements.

10 “(e) USE OF FUNDS.—An eligible entity shall use a  
11 grant received under this section for the costs of the treat-  
12 ment alternative to incarceration program, including—

13 “(1) salaries, personnel costs, equipment costs,  
14 and other costs directly related to the operation of  
15 the program, including the enforcement unit;

16 “(2) payments for treatment providers that are  
17 approved by the relevant State or tribal jurisdiction  
18 and licensed, if necessary, to provide needed treat-  
19 ment to eligible offenders participating in the pro-  
20 gram, including medication-assisted treatment,  
21 aftercare supervision, vocational training, education,  
22 and job placement; and

23 “(3) payments to public and nonprofit private  
24 entities that are approved by the State or tribal ju-  
25 risdiction and licensed, if necessary, to provide alco-

1       hol and drug addiction treatment and mental health  
2       treatment to eligible offenders participating in the  
3       program.

4       “(f) SUPPLEMENT NOT SUPPLANT.—An eligible enti-  
5       ty shall use Federal funds received under this section only  
6       to supplement the funds that would, in the absence of  
7       those Federal funds, be made available from other Federal  
8       and non-Federal sources for activities described in this  
9       section, and not to supplant those funds.

10       “(g) GEOGRAPHIC DISTRIBUTION.—The Attorney  
11       General shall ensure that, to the extent practicable, the  
12       geographical distribution of grants awarded under this  
13       section is equitable and includes a grant to an eligible enti-  
14       ty in—

15           “(1) each State;  
16           “(2) rural, suburban, and urban areas; and  
17           “(3) tribal jurisdictions.

18       “(h) REPORTS AND EVALUATIONS.—

19       “(1) IN GENERAL.—Each fiscal year, a recipi-  
20       ent of a grant under this section during that fiscal  
21       year shall submit to the Attorney General a report  
22       containing the information described in paragraph  
23       (2), as well as such additional information as the At-  
24       torney General may reasonably require. The recipi-

1       ent shall submit such report in such form and on  
2       such dates as the Attorney General specifies.

3           “(2) CONTENTS.—A report submitted under  
4       paragraph (1) shall—

5           “(A) describe best practices for treatment  
6       alternatives; and

7           “(B) identify training requirements for law  
8       enforcement officers who participate in treat-  
9       ment alternatives to incarceration programs.

10          “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
11       authorized to be appropriated to carry out this section  
12       \$10,000,000 for each of the fiscal years 2016 through  
13       2020.”.

14 **SEC. 8. REAUTHORIZATION OF THE HIGH INTENSITY DRUG**  
15                   **TRAFFICKING AREA UNDER THE OFFICE OF**  
16                   **NATIONAL DRUG CONTROL POLICY.**

17          Section 707 of the Office of National Drug Control  
18       Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is  
19       amended by striking subsection (p) and inserting the fol-  
20       lowing:

21          “(p) AUTHORIZATION OF APPROPRIATIONS.—There  
22       is authorized to be appropriated to the Office of National  
23       Drug Control Policy to carry out this section  
24       \$280,000,000 for each of fiscal years 2016 through  
25       2020.”.

1 **SEC. 9. REAUTHORIZATION OF THE CONTROLLED SUB-**2 **STANCE MONITORING PROGRAM.**

3 (a) AMENDMENT TO PURPOSE.—Paragraph (1) of  
4 section 2 of the National All Schedules Prescription Elec-  
5 tronic Reporting Act of 2005 (Public Law 109–60) is  
6 amended to read as follows:

7 “(1) foster the establishment of State-adminis-  
8 tered controlled substance monitoring systems in  
9 order to ensure that—

10 “(A) health care providers have access to  
11 the accurate, timely prescription history infor-  
12 mation that they may use as a tool for the early  
13 identification of patients at risk for addiction in  
14 order to initiate appropriate medical interven-  
15 tions and avert the tragic personal, family, and  
16 community consequences of untreated addiction;  
17 and

18 “(B) appropriate law enforcement, regu-  
19 latory, and State professional licensing authori-  
20 ties have access to prescription history informa-  
21 tion for the purposes of investigating drug di-  
22 version and prescribing and dispensing prac-  
23 tices of errant prescribers or pharmacists; and”.

24 (b) AMENDMENTS TO CONTROLLED SUBSTANCE  
25 MONITORING PROGRAM.—Section 399O of the Public  
26 Health Service Act (42 U.S.C. 280g–3) is amended—

- 1                             (1) in subsection (a)—
  - 2                                 (A) in paragraph (1)—
    - 3                                     (i) in subparagraph (A), by striking  
4                                     “or”;
    - 5                                     (ii) in subparagraph (B), by striking  
6                                     the period at the end and inserting “; or”;  
7                                     and
    - 8                                     (iii) by adding at the end the fol-  
9                                     lowing:
  - 10                                 “(C) to maintain and operate an existing  
11                                     State-controlled substance monitoring pro-  
12                                     gram.”; and
  - 13                                 (B) in paragraph (3), by inserting “by the  
14                                     Secretary” after “Grants awarded”;
  - 15                                 (2) by amending subsection (b) to read as fol-  
16                                     lows:
    - 17                                 “(b) MINIMUM REQUIREMENTS.—The Secretary  
18                                     shall maintain and, as appropriate, supplement or revise  
19                                     (after publishing proposed additions and revisions in the  
20                                     Federal Register and receiving public comments thereon)  
21                                     minimum requirements for criteria to be used by States  
22                                     for purposes of clauses (ii), (v), (vi), and (vii) of subsection  
23                                     (c)(1)(A).”;
  - 24                                 (3) in subsection (c)—
    - 25                                 (A) in paragraph (1)(B)—

4 (ii) in clause (i), by striking “program  
5 to be improved” and inserting “program to  
6 be improved or maintained”;

9 (iv) by inserting after clause (ii) the  
10 following:

“(iii) a plan to apply the latest advances in health information technology in order to incorporate prescription drug monitoring program data directly into the workflow of prescribers and dispensers to ensure timely access to patients’ controlled prescription drug history;”;

(vi) in clause (v), as redesignated, by

striking “public health” and inserting

“public health or public safety”;

4 (B) in paragraph (3)—

5 (i) by striking “If a State that sub-

mits" and inserting the following:

7                   “(A) IN GENERAL.—If a State that sub-

8 mits'';

(ii) by striking the period at the end

and inserting “and include timelines for

11 full implementation of such interoper-

ability. The State shall also describe the

manner in which it will achieve interoper-

ability between its monitoring program and

15 health information technology systems, as

allowable under State law, and include

17 timelines for implementation of such inter-

18 operability.''; and

(iii) by adding at the end the fol-

20 lowing:

21                   “(B) MONITORING OF EFFORTS.—The

22 Secret

23 interoperability, as described in subparagraph

1 (i) by striking “implement or im-  
2 prove” and inserting “establish, improve,  
3 or maintain”; and

4 (ii) by adding at the end the fol-  
5 lowing: “The Secretary shall redistribute  
6 any funds that are so returned among the  
7 remaining grantees under this section in  
8 accordance with the formula described in  
9 subsection (a)(2)(B).”;

10 (4) in subsection (d)—

22 (ii) by striking “public health” and in-  
23 serting “public health or public safety”;  
24 and

(B) by adding at the end the following:

1           “(5) The State shall report to the Secretary

2       on—

3           “(A) as appropriate, interoperability with  
4       the controlled substance monitoring programs  
5       of Federal departments and agencies;

6           “(B) as appropriate, interoperability with  
7       health information technology systems such as  
8       electronic health records systems, health infor-  
9       mation exchanges, and e-prescribing systems;  
10      and

11           “(C) whether or not the State provides  
12       automatic, real-time or daily information about  
13       a patient when a practitioner (or the designee  
14       of a practitioner, where permitted) requests in-  
15       formation about such patient.”;

16           (5) in subsections (e), (f)(1), and (g), by strik-  
17       ing “implementing or improving” each place it ap-  
18       pears and inserting “establishing, improving, or  
19       maintaining”;

20           (6) in subsection (f)—

21           (A) in paragraph (1)—

22           (i) in subparagraph (B), by striking  
23       “misuse of a schedule II, III, or IV sub-  
24       stance” and inserting “misuse of a con-  
25       trolled substance included in schedule II,

1                   III, or IV of section 202(c) of the Con-  
2                   trolled Substance Act”; and

3                   (ii) in subparagraph (D), by inserting  
4                   “a State substance abuse agency,” after “a  
5                   State health department,”; and  
6                   (B) by adding at the end the following:

7                   “(3) EVALUATION AND REPORTING.—Subject  
8                   to subsection (g), a State receiving a grant under  
9                   subsection (a) shall provide the Secretary with ag-  
10                  gregate data and other information determined by  
11                  the Secretary to be necessary to enable the Sec-  
12                  retary—

13                  “(A) to evaluate the success of the State’s  
14                  program in achieving its purposes; or

15                  “(B) to prepare and submit the report to  
16                  Congress required by subsection (l)(2).

17                  “(4) RESEARCH BY OTHER ENTITIES.—A de-  
18                  partment, program, or administration receiving non-  
19                  identifiable information under paragraph (1)(D)  
20                  may make such information available to other enti-  
21                  ties for research purposes.”;

22                  (7) by redesignating subsections (h) through  
23                  (n) as subsections (j) through (p), respectively;

1                         (8) in subsections (c)(1)(A)(iv) and (d)(4), by  
2                         striking “subsection (h)” each place it appears and  
3                         inserting “subsection (j)”;

4                         (9) by inserting after subsection (g) the fol-  
5                         lowing:

6                         “(h) EDUCATION AND ACCESS TO THE MONITORING  
7                         SYSTEM.—A State receiving a grant under subsection (a)  
8                         shall take steps to—

9                         “(1) facilitate prescriber and dispenser use of  
10                         the State’s controlled substance monitoring system;

11                         “(2) educate prescribers and dispensers on the  
12                         benefits of the system both to them and society; and

13                         “(3) facilitate linkage to the State substance  
14                         abuse agency and substance abuse disorder services.

15                         “(i) CONSULTATION WITH ATTORNEY GENERAL.—  
16                         In carrying out this section, the Secretary shall consult  
17                         with the Attorney General of the United States and other  
18                         relevant Federal officials to—

19                         “(1) ensure maximum coordination of controlled  
20                         substance monitoring programs and related activi-  
21                         ties; and

22                         “(2) minimize duplicative efforts and funding.”;

23                         (10) in subsection (l)(2)(A), as redesignated by  
24                         paragraph (7)—



3                     “(B) sharing of State controlled substance  
4                     monitoring program information with a health  
5                     information technology system such as an elec-  
6                     tronic health records system, a health informa-  
7                     tion exchange, or an e-prescribing system.”;

(B) in paragraph (7), by striking “pharmacy” and inserting “pharmacist”; and

10 (C) in paragraph (8), by striking “and the  
11 District of Columbia” and inserting “, the Dis-  
12 trict of Columbia, and any commonwealth or  
13 territory of the United States”; and

(15) by amending subsection (o), as redesignated by paragraph (12), to read as follows:

16        "(o) AUTHORIZATION OF APPROPRIATIONS.—To  
17 carry out this section, there is authorized to be appro-  
18 priated \$10,000,000 for each of fiscal years from 2016  
19 through 2020."

## 20 SEC. 10. OFFSET.

21 It is the sense of Congress that the amounts ex-  
22 pended to carry out this Act and the amendments made  
23 by this Act should be offset by a corresponding reduction  
24 in Federal discretionary spending.

